

March 27, 2020

Childcare Emergency Operating Grant (CEOG) FAQ
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ABOUT THE GRANT

Who is eligible for CEOG?

All childcare providers licensed by ND DHS and all Self-Declared childcare providers who:

- Remain open
- Agree to follow the modified operating procedures
- Prioritize access for children of health, safety and lifeline workers; and
- Adopt a modified “hold fee” policy that caps fees during extended absences at \$50/child/month

Providers should login to make sure their ND provider account is current and complete the baseline CEOG survey. If a provider does not have an account, please login and create one.

How-to re sign-up here: <http://www.nd.gov/dhs/info/covid-19/provider-resources.html>

What is the amount of the grant?

The size of the grant will be determined by multiplying the **rate** for your **license type** by your **total licensed capacity**. See the [CEOG rate guide](#) for more information.

How soon after applying for the grant will we find out if we are approved?

As long as you are a childcare provider licensed by ND DHS or hold a Self-Declaration Certification, you are open and serving families, you agree to following the modified operating practices, to prioritizing health/safety/lifeline worker households, and utilized the capped hold-fee policy, you are approved.

CEOG is designed more on the basis of eligibility than approval. It is not a competitive grant.

Is the CEOG Grant taxable income to me?

The State will issue you a 1099-MISC form. Your tax advisor will have to give you more specific guidance as to how the payment will affect your income taxes.

What can the grant cover?

The grant can be used at your discretion. There are no restrictions on use, as long as you meet the conditions of eligibility noted in the question above.

Do you think we will have to repay the grant in future months/years?

No. You will not need to repay this funding. This is an emergency operating grant.

Are tribal-licensed programs eligible for the grant funds?

To be eligible for the Childcare Emergency Operating Grant, you need to be licensed by ND DHS. Tribally-licensed programs are not licensed by ND DHS so are not eligible for CEOG and is not required to follow modified operating practices.

My childcare serves kids from ND but is not located in ND. Am I eligible for CEOG and do I need to follow the required operating practices?

To be eligible for the Childcare Emergency Operating Grant, you need to be licensed by ND DHS. A childcare that is located in another state is not licensed by ND DHS so is not eligible for CEOG and is not required to follow modified operating practices.

If I am closed now, can I re-open and be eligible for CEOG?

Yes. As long as you are a licensed or self-declared provider, and you can make the necessary changes to adopt the modified operating practices, you can re-open immediately. Please remember to update your capacity/availability in the CCA provider database

If I am currently closed but decide to re-open in 2 weeks, will I still be eligible for CEOG?

Yes. DHS will re-evaluate eligibility every two weeks. A provider would be eligible for payment based on their status for the two weeks prior to the payment issue date.

I currently serve a family who received Child Care Assistance Payment (CCAP) support. Will I still be eligible for CEOG if I receive CCAP?

Yes. CCAP is a federal subsidy designed to help lower income pay for childcare. CEOG is an emergency operating grant that is designed to help childcare providers navigate the disruption caused by the COVID-19 emergency. CCAP policies will be adjusted as needed for specific disaster circumstances but, families (and the providers who serve them) will NOT lose access to this resource because of CEOG.

After you apply and accept grant funds, can you opt out at any time or are you locked in for the duration of the crisis?

If you as a private business make a decision to close, that is your decision to make. We will assess status every two weeks, in advance of releasing payment.

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I understand the CEOG is based on licensed capacity. If I am a provider that operates multiple sites but would like to consolidate operations to one location due to lower attendance numbers, will you use the combined licensed capacity for calculation?

One of the primary purposes of the CEOG is to preserve capacity and ensure access to childcare for health, safety and lifeline workers during the emergency and through the recovery.

We recognize that there are many valid reasons that a provider may not have attendance that is equal to their maximum licensed capacity. However, DHS reserves the right to reduce the CEOG payment to a provider if a determination is made that the provider is not making good faith efforts to operate at full (or “normal”) capacity, taking into account the restrictions outlined in the modified operating practices.

Childcare is an essential community service. Many segments of our local economy are experiencing significant disruption and financial hardship during the emergency; the CEOG program is a recognition of the essential nature of this service. We want to do whatever we can to work together to make sure childcare is available to those who need it.

If families choose to keep their children home and we have no children who need care but we remain “open”, are we eligible for the grant?

It will be a rarity for there to be no need for childcare in a community. We would expect providers to make their vacancies known via the Child Care Aware database and be willing to serve new families and broader age groups, within the constraints of your license.

For the required closure provision, does a provider need to already be enrolled in the grant to be considered open and therefore get funds or can they wait to apply for the grant until they are required to close?

A provider would need to be open and operating and then encounter the mandated closure order, which could then be interrupting their current operation.

If a provider was open, and had opted not to accept the grant funds, but had been operating using modified operating practices, then yes, they could enroll during the period of mandated closure.

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PROVIDER PORTAL AND PAYMENT PROCESS

Can they load payment right onto the same card they load child care assistance on rather than opening a bank account to have direct deposit? I already have an account in the portal and the payment is already reloaded each month into the ND debit card.

Yes, if they already have the debit card, we will load the payment onto that debit card.

If I already have an account in the Provider Portal for CCAP, do I need to create another one?

No. You only need one account. It will work for both programs.

How long does it take to “complete my registration process”? What the next step is for applying for the grant?

Once you have completed your provider account setup, it will be in the queue for one of our staff will go through and complete the registration process. We are going to work hard to address any new applications within 2 business days. We may be a little delayed in the first few days as we work to process the initial rush for new accounts, but will assure that account setup will not delay payment.

Once your account is setup, the next step is to complete the baseline survey. A link will be available on the first screen you see after you login, **starting March 31**. That’s the only enrollment that is needed. If you are licensed by ND DHS and agree to the attestations in the baseline survey, you are approved to receive the funding.

Is there a form I have to use to request payment? I understand the state will issue payment every 2 weeks?

After you login to your provider account, you should see a link to a form that says “Provider Payment Request”. Please complete this form by the published due date to ensure that we can make sure we send your payment by the deadline.

Dates of Service	Payment Request form Due 8:00 p.m.	Payment Date
March 30 – April 10	April 5	April 10
April 13 – April 24	April 19	April 24
April 27 – May 8	May 3	May 8
May 11 – May 22	May 17	May 22
May 25 – June 5	May 31	June 5

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MODIFIED OPERATING PRACTICES

Do the modified operating practices affect the supervision requirements outlined in ND childcare policy? Specifically thinking about mixed-age classrooms to accommodate the max group size of 10. For example, school age children do not have to have line of sight supervision so they could be in the playroom away from the provider).

The Modified Operating Practices do not affect existing supervision requirements. Providers should plan to continue to follow all existing practices related to supervision by age group. If you have questions about your particular situation, please reach out to your early childhood specialist.

I am a home childcare. If my older children (age 16+) and my spouse are in different parts of the house, do I need to count them in the group max of 10 people?

No. As long as they are not part of the childcare group you have established, they do not count in your calculation.

What if we can't find staff to cover classrooms since we have to adjust ratios for some age groups?

The Modified Operating Practices do not eliminate the need to maintain appropriate staffing ratios. If a provider is unable to find any additional employees and cannot meet ratios, then the provider would either need to reduce the number of children served or adjust operating hours to serve different groups of children at different times, to allow staffing and group size ratios to be maintained.

Does the max group size of 10 include the provider?

Yes. Group size refers to total people – both children and adults.

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HEALTH SCREENING

On the daily health screening: For the question regarding close contact with someone who tested positive for COVID-19 during the daily health screenings: Would it count if they work in the medical field and came into contact during work, and they were covered with personal protective equipment?

We have been advised by the ND Department of Health that this question is intended to refer ONLY to the child, not the parent or caregiver.

What is the questions you have to ask the parents/kids in the mornings aren't all a "no"? I have a parent who is a doctor and I'm sure he has been exposed to the virus, which means his kids are.

We worked closely with the Department of Health to craft the screening questions. Health guidance is that these questions are to be asked of the children. Not of the people they live with.

I live in a neighboring community where a child with the virus was attending child care. According to a statement on the screening and attendance/exclusion guidelines from NDDoH, should I close my program and if so am I eligible for the grant?

If a provider is mandated by the ND Department of Health to close their program, DHS will deem that program as "open" for the purpose of CEOG payment. If a provider voluntarily chooses to close their program (counter to ND DOH guidance), the provider would not be deemed "open", and as such would not be eligible for the CEOG payment.

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GENERAL

Is there a link to March 26 provider call?

<http://www.nd.gov/dhs/info/covid-19/provider-resources.html>

My program is having problems getting cleaning and sanitation supplies. What are my options?

Access to supplies is a nationwide problem. There are no easy solutions to this issue at this point in time. Childcare providers have been innovators when it comes to creative operating practices for years. The Child Care Aware team will be working hard to share ideas, tips and resources that may help individual providers navigate the challenges they are experiencing.

There are a lot of changes and my staff is already under a lot of pressure. I'm not sure I can figure out how to adapt my setting to meet the new modified guidelines?

We understand how overwhelming this time is, not only for you as providers, but for your staff and the kids and families you serve. Starting Monday, March 30, DHS will be asking DHS licensing specialists and Child Care Aware coaches and consultants to work as a team to support childcare providers as you navigate the modified operating practices and CEOG guidelines.

Are providers expected to assist with distance learning for older children?

This is a decision each provider will need to make, based on the capacity of your program. It is not a DHS requirement.

With so many things in flux, it would be great to have ongoing communication. Would it be possible for DHS to host future calls with providers?

We agree! Please watch for information to come related to future provider calls that will be hosted either by DHS or Child Care Aware, with participation from DHS early childhood licensing specialists, Child Care Aware coaches, health consultants and others.

I need to hire additional staff in order to maximize my capacity to serve kids. Is it going to be possible to get a background check for a new staff person?

Yes. The background check teams in ND are fully operational and are working hard to minimize processing time to the greatest extent possible. We are experiencing some challenges with out of state checks from places hit hardest by COVID-19 but, will work with providers to navigate those challenges as best we can.

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I have an applicant who recently worked for a school as a paraprofessional. Can I just use the background check the school conducted?

Unfortunately, no. The requirements that prohibit this are federal and not something we as a State can change. DHS is committed to completing needed background checks as soon as possible. We have separate guidance at dhs.nd.gov that outlines how to secure fingerprinting services, etc.

I am not currently a licensed provider. Can I be?

For the next 60 days, DHS cannot commit to being able to complete new licensing requests. We will work to complete any licensing reviews that are already in process. And will work with sites schools, DPI-approved facilities, units and government and businesses who are taking steps to address childcare needs.

We are directing all of our staffing resources to supporting the existing network of ND-licensed childcare providers to help support their efforts to adopt the modified operating practices.

We remain committed to growing the availability of childcare in North Dakota and will re-allocate resources to new license reviews as soon as conditions allow.

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PRIORITIZATION AND ENROLLMENT

How do we let families know we have open spaces?

The Child Care Aware Resource and Referral registry will serve as the hub of information for families who are looking for childcare for their children. Please follow your usual process for updating your available slots in the registry.

Do I have to let current families go in order to take Health/Safety/Lifeline worker households?

If you are full, and your current families are still in need of childcare, CEOG participation is not going to require you to end your service to those families. We would ask that you have a conversation with them, however, about what other options they may have if, in fact, there is a shortage of childcare for health/safety/lifeline workers in your community. You will be better able than DHS to determine if there are options available that will allow you to make slots available for health/safety/lifeline workers who don't have any other options.

Does my program need to fill to my license capacity, and now hire an additional staff, in order for me to apply for the grant? My program is full because of ratios with 7 children.

No. You do not need to have attendance that is equal to your license capacity to receive the full CEOG payment. However, in the rare case that a provider is deemed to be underutilizing their capacity in an atypical or unsustainable way (ex. caring for 1 child when licensed for 7 and there is a demonstrated community need that is being unmet), then DHS reserves the right to initiate a conversation with that provider about reducing the licensed capacity on which the CEOG payment is based.

Do both parents have to be part of the health/safety/lifeline group to qualify for the grant?

No. The program only requires that you prioritize the needs of health/safety/lifeline worker households; not that you serve them exclusively. As long as one person in the household holds a health/safety/lifeline role, they are a prioritized household.

Given the anticipated capacity challenges in some parts of the state, if a health/safety/lifeline household has one caregiver at home, we would not consider them a "priority" household. There are many who have no other care options; it is those households we are asking providers to prioritize.

I have openings I could use for school age kids of health/safety/lifeline worker households. Why are schools providing care when private childcares could do it?

Every community is different. Some communities are struggling with childcare capacity, especially for K-5. Some K-12 school districts are able to utilize their existing resources to help meet the community need; others will likely not be able to do so. In all cases, the intention is not for schools to take on a childcare role; rather the goal is for them to be part of a community solution should capacity be a continued challenge.

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Can we deny families if we don't have enough room?

Yes. There is nothing in the proposed initiative that would require you to exceed licensed capacity.

If your community needs would suggest that the lack of childcare is urgent, we would encourage providers to think about ways they may be able to work creatively within their license, whether that is offering staggered groups, extended hours or some other model.

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“HOLD” FEE

CEOG requires that I modify my absence / hold fee policy, capping it at \$50/month/child. Can you explain more about what that means?

We recognize that every provider operates with their own policies and practices. Many providers have a policy that requires families to pay for their child’s space, even if the child is not attending. In times of limited absence (ex., illness, vacation), this policy makes perfect sense. However, in a time of emergency like the time we are in right now, where extended absences are likely for a variety of valid reasons, these policies may not be sustainable.

Part of the purpose of the CEOG is to help providers make up for some of the economic disruption they are experiencing during the emergency, but also help relieve some of the financial burden families are facing as they navigate reduction in income and varying health concerns. By limiting the “absence” or “hold-my-child’s-space” fee that a provider charges families, we hope that more families will be able to stay connected to their childcare through the emergency so once our economic lives return to normal, disruption for both providers and families will be minimized.

If a family is still paying for their slot but children are not attending am I eligible for the \$50 hold fee?

If you participate in the CEOG program, you are not allowed to charge a family whose child is not attending your program their full fee; you can charge that family no more than \$50/child/month to hold that space.

If the family wants to be able to utilize their childcare space sporadically, rather than entering an extended period of absence (i.e., 2 weeks or greater), you can charge that family the full fee. The purpose of this policy is to help families manage costs associated with extended periods of absence (2 weeks or more).

If some of your parents are willing to pay when child isn’t here, but some aren’t, do you still qualify? Or do all who aren’t bringing kids need to be treated equally?

To receive the CEOG, you are not allowed to charge any family whose child is not attending your program their full fee; you can charge a family no more than \$50/child/month to hold that space.

If your program is able to receive donations, a family could make a gift to your program, that is over and above the fee that you are charging them.

Or they could indicate to you that they don’t consider their child absent, which means they want to retain access to their slot. This would mean they could drop their child off at care at any time and they could reasonably expect you to have a spot for them. Which would also mean that you wouldn’t be able to temporarily offer that spot to a health/safety/lifeline worker household during the emergency.

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Is the \$50 hold fee for non-attending children effective immediately upon grant approval or only if you accept a lifeline worker in their place.

The policy restriction goes in to place immediately, and is in place regardless of whether the children are in a health/safety/lifeline worker household or not. See other Q&As for variations that you may find applicable in your setting.

What if you have already had families unenroll due to an inability to pay the hold rate? Can you give them the option to re-enroll and be absent with the \$50 capped fee?

Yes. One of the goals of the program is to help providers and families maintain their relationship through the emergency rather than having to choose to sever their relationship due to financial hardship.

Is the \$50 hold fee per family or per child?

It is a maximum fee per child per month.

Do I have to charge parents whose children aren't attending \$50? I don't currently have a hold fee.

No. You are not required to charge a hold fee. You just cannot charge more than \$50/month/child for a family to hold their spot during an extended absence (i.e., 2 weeks or more).

Is it permissible to provide childcare for health/safety/lifeline worker households, but have a policy that when things get back to normal, previously enrolled families are able to have their children's spots back?

Yes. This is only intended to help fill a temporary need. Not to permanently disrupt the childcare you provide to your current families.

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